PLGIT
Pennsylvania Local Government Investment Trust

Permissions

Questions? Call 1-800-572-1472

Add/Update -
Remove/Retain -

Instructions: Complete this form to add, update, remove, or retain a Contact(s) and/or their permissions. All Contacts must be previously established with the Trust. To establish a new Contact, please complete the PLGIT Contact Record form along with this document.

Investor Name: _____ Investor TIN: ___ - _____

Please list the account number(s) or account title(s) to which this form applies:

1.		4.		7.		10.	
2.		5.		8.		11.	
3.		6.		9.		12.	

ADD/UPDATE: Please complete the information below to add or update each Contact's permissions for the accounts listed above. CSGV2022.05

1. CONTACT INFORMATION: (Contact must be previously established with the Trust)

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

_____
Address

_____ _____ _____
City State Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Trust Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Check verifier (refer to Certification.)
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

*Contact must be on record. *All new Contacts must complete a Contact Record form.*

2. CONTACT INFORMATION: (Contact must be previously established with the Trust)

Contact Name: _____
First and Last Name (Print)

Mailing Address: _____
Agency Name (If Applicable)

_____
Address

_____ _____ _____
City State Zip

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Trust Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Check verifier (refer to Certification.)
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

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REMOVE: Contacts to be removed from the accounts listed above.

1. Contact Name: _____ (First and Last Name (Print))
2. Contact Name: _____ (First and Last Name (Print))
3. Contact Name: _____ (First and Last Name (Print))
4. Contact Name: _____ (First and Last Name (Print))
5. Contact Name: _____ (First and Last Name (Print))

RETAIN: Contacts to remain on accounts listed above with no changes.

1. Contact Name: _____ (First and Last Name (Print))
2. Contact Name: _____ (First and Last Name (Print))
3. Contact Name: _____ (First and Last Name (Print))
4. Contact Name: _____ (First and Last Name (Print))
5. Contact Name: _____ (First and Last Name (Print))

CERTIFICATION: The person who signs this section verifies the information listed above is correct.

The person signing below should be as follows:

- For existing accounts this section must be signed by an individual who is currently authorized to designate other authorized persons as per Trust records;
- If submitted with a New Investor Application, this section must be signed by the individual who signed the certification section of the New Investor Application;
- If submitted with a Trusteed Account Application, this section must be signed by the individual who signed the signature section of the Trusteed Account Application;
- **I acknowledge that: (1) the Investor is responsible for designating check verifiers and reviewing checks presented against the account in accordance with the terms and conditions contained in the Pennsylvania Local Government Investment Trust Information Statement as well as any additional updates that may occur; (2) the Investor shall notify PLGIT Client Services of any checks that should not be paid by 12pm on the business day following the presentment of checks; (3) no action taken by the Investor by 12pm on the business day following the presentment of checks shall be understood as an affirmation that the checks presented should be paid; (4) in the event the Investor fails to review presented checks and payment occurs, the Investor will be responsible for any loss of funds; and**
- The Trust reserves the right to request proof of authority in the form of election certification, board minutes, resolutions, fiduciary trusts agreement, etc. when updating permissions in Trust records. It is the sole responsibility of the Investor to promptly notify PLGIT of any changes to authorized Contacts.

X *Please print, sign and date this form with blue or black ink.*

_____ _____
Authorized Signature Date

_____ _____
Print Name of Authorized Signatory Phone Number

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT:	Log in to Account Access	**FAX TO:**	PLGIT Client Services Group	**MAIL TO:**	PLGIT Client Services Group
Existing Connect Users Only	Click ✉ Secure Contact		1-800-252-9551		P.O. Box 11760
	Select file to upload - Send message				Harrisburg, PA 17108-1760

Print Form

Clear Form

PLGIT
Pennsylvania Local Government Investment Trust

Addendum to Permissions

Questions? Call 1-800-572-1472

Add/Update - Remove/Retain -

Instructions: Complete this form when you need to add, update, remove, or retain more Contacts and/or their permissions. If this addendum is needed, it must accompany the Permissions form.

ADD/UPDATE PERMISSIONS: Please complete the information below to add or update each Contact's permissions.

3.

CONTACT INFORMATION: (Contact must be previously established with the Trust)

Contact Name: _____ (First and Last Name (Print))

Mailing Address: _____ (Agency Name (If Applicable))

_____ (Address)

_____ (City) _____ (State) _____ (Zip)

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Trust Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
- ☐ Change banking instructions and Account information.
- ☐ Assign permissions to and establish other Contacts.
- ☐ Check verifier (refer to Certification.)
- ☐ Receive electronic statements.
- ☐ Receive paper statements.

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4.

CONTACT INFORMATION: (Contact must be previously established with the Trust)

Contact Name: _____ (First and Last Name (Print))

Mailing Address: _____ (Agency Name (If Applicable))

_____ (Address)

_____ (City) _____ (State) _____ (Zip)

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Trust Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
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CONTACT INFORMATION: (Contact must be previously established with the Trust)

Contact Name: _____ (First and Last Name (Print))

Mailing Address: _____ (Agency Name (If Applicable))

_____ (Address)

_____ (City) _____ (State) _____ (Zip)

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Trust Account being established, this Contact may:

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6.

CONTACT INFORMATION: (Contact must be previously established with the Trust)

Contact Name: _____ (First and Last Name (Print))

Mailing Address: _____ (Agency Name (If Applicable))

_____ (Address)

_____ (City) _____ (State) _____ (Zip)

CONTACT PERMISSIONS: (Please select all permissions that apply)

For the new Trust Account being established, this Contact may:

- ☑ View Account information.
- ☐ Initiate transactions.
- ☐ Open and close Accounts.
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REMOVE: Contacts to be removed from the accounts listed above.

6. Contact Name: _____ (First and Last Name (Print))

7. Contact Name: _____ (First and Last Name (Print))

8. Contact Name: _____ (First and Last Name (Print))

9. Contact Name: _____ (First and Last Name (Print))

10. Contact Name: _____ (First and Last Name (Print))

RETAIN: Contacts to remain on accounts listed above with no changes.

6. Contact Name: _____ (First and Last Name (Print))

7. Contact Name: _____ (First and Last Name (Print))

8. Contact Name: _____ (First and Last Name (Print))

9. Contact Name: _____ (First and Last Name (Print))

10. Contact Name: _____ (First and Last Name (Print))

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Existing Connect	Click ✉ Secure Contact		1-800-252-9551		P.O. Box 11760
Users Only	Select file to upload - Send message				Harrisburg, PA 17108-1760

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